

## State of Connecticut Commission on Fire Prevention and Control

## **DRIVER OPERATOR - PUMP**

**Application for Certification** 

Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

## **APPLICANT DATA**

Last name	ast name F		First name		MI		
Home Street Addr	ess					I	
Town					State	Zip Code	
Telephone Home ( )		Work (			Cell ( )	·	
If your address on re	ecord has changed, check	this box					
Fire Department N	lame:						
Fire Department C	City/Town:						
Fire Fighter (Chec	Fire Fighter (Check One): Email Address:						
Career  Volu	unteer 🗌						
ID Number				Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers</u> of your social security number.			
			Exam	Example: John Adams – SS # 000-00-5555			
			The n	The new ID # will be ADA-5555			
Check one	State of Connecticut Certified Fire Fighter	l OR	•			artment with continuous 77. Verification must be	
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.  Applicant Signature							
WRITTEN EX	(AMINATION DA	ΤΑ					
Eversination Date				The Contidionation D		ive continuismo	
Examination Date The Certification Division <u>must receive</u> applications a minimum of 10 days prior to the requested examination Examination Location Late applications will not be accepted				uested examination date.			
¢45 00 application	. for we arrive all reside a small	instina Diago		. t a f a t	-1		
Cash	fee required with appli Check ( please indicat date )	te check # an	d P	Purchase order	In-service or Cal (fee included in t		
By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be a least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.							
Applicant's Signat	ure				Date		
Remit completed ap	plication and fee to: Comr	nission on Fire	Prevention	on and Control 34 Pe	l rimeter Road, Wind	sor Locks, CT 06096-1069	

NAME:			FFID#:			
DRIVER OPERATOR - PUMP - NFPA Standard 1002 Compliance						
All objectives of NFPA Standard 1002, Chapter 5, "Apparatus Equipped with a Fire Pump", must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:						
Con	npliance Method 1 - Successful completion of the Connecticut Fire Acade	my Driver Operato	or – Pump tra	aining program		
Compliance Method 2 – Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Driver Operator –Pump accredited certificate						
☐ Con	Compliance Method 3 - Individual training or educational programs (Prior CFPC approval required)					
Driver Operator - Pump - Practical Skills Compliance						
All psychomotor objectives of NFPA Standard 1002, Chapter 5, "Apparatus Equipped with a Fire Pump", must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.						
All objectives of NFPA Standard 1002, Chapter 4, "General Requirements" must be addresses by possession of an appropriate, legal, motor vehicle operator's license prior to acceptance into the certification testing process. License information must be entered below.						
Driver Operator - Pump Certification						
Motor Vehicle License Number		Туре		State		
A legible copy of the appropriate motor vehicle operator's license (CDL or CT license with Q endorsement) MUST be attached to this application.						
Practical Skills						
SS Number	Skill Sheet Title	Date of Completion	Evaluato Initials	r Certification Only		
			l			

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
5.1.1A	Preventive Maintenance and Inspection			
5.2.1A	Production of a Fire Stream from an Internal Tank			
5.2.1B	Production of a Fire Stream from a Pressurized Water Source			
5.2.1C	Production of a Fire Stream from a Static Water Source			
5.2.1D	Water Supply Change Over			
5.2.2A	Relay Pumping			
5.2.3A	Production of Foam Streams			
5.2.4A	Water Supply to Sprinkler and Standpipe Systems			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1002, Chapters 4 and 5, 2009 edition, will have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification will have been exposed to all objectives of NFPA Standard 1002, Chapters 4 and 5, 2009 edition, as the result of the Compliance Method checked above and legal motor vehicle driver's license.

Driver Operator - Pump Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date